



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
)
COHEN, et al)
)
Application No.: 09/823,628)
)
Filed: March 30, 2001)
)
For: COMPUTERIZED INTERACTOR)
SYSTEMS AND METHODS FOR)
PROVIDING SAME)
_____)

Attorney Docket No.: INT1P918C2

Examiner: Amr A. Awad

Group Art Unit: 2675

Date: April 30, 2004

RECEIVED

MAY 07 2004

Technology Center 2600

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on April 30, 2004.

Signed: _____

Pat Tate

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1540

Sir:

Transmitted herewith is a Response in the above-identified application.

The fee has been calculated as shown below.

Claims	Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENTITY <u>RATE FEE</u>	OR	LARGE <u>RATE FEE</u>	ENTITY
TOTAL							
CLAIMS _____ - _____				X9 = \$	OR	X18 = \$	
INDEP							
CLAIMS _____ - _____				X42 = \$	OR	X84 = \$	
[] Multiple Dependent Claim Present				\$140		\$280	
and Fee Not Previously Paid							
			TOTAL	\$ _____		\$ 0	



Applicant(s) hereby petition for a _____ month(s) extension of time to respond to the outstanding Office Action.

- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0685. (INT1P918C2).
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☐ Enclosed is Applicant Initiated Interview Request Form, PTOL-413A.
- ☐ Enclosed are _____ sheets formal drawings.
- ☐ Please charge Deposit Account No. 50-0685 () in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (INT1P918C2).

Respectfully submitted,
VAN PELT & YI LLP



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